

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

09/202267

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
4	/			/		
5	/			/		
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16	/			/		
17	/			/		
18	16	1		*		
19			/	*		
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	32	→	16	→	18	→
TOTAL CLAIMS	33		18			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.		→	→
TOTAL CLAIMS			